

of Sacramento, T. Henshaw Kelly of San Francisco, E. T. Remmen of Glendale and, ex officio, both the president and the secretary of the Association) bears the brunt of safeguarding the interests of Californians in so far as public health needs come into the picture. Particularly onerous has been the burden borne these many years by Doctor Harris of Sacramento, who, in season and out of season, has given unselfish and efficient service to the profession and to the people of California.

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**How Individual Members May Aid.**—The purpose of now mentioning the work of the Committee on Public Policy and Legislation in this wise is to make the more than six thousand members of the California Medical Association appreciate their own collective and individual responsibilities in these important activities, which recur once in each biennium; and particularly to stress the necessity, on the part of physicians from one end of California to the other, of being alert in these matters, not in January of next year, but now, today, at the very time when candidates from the different political parties, in a bid for ballot support, are announcing their platforms and filing petitions. In every county medical society, a specific committee (or the administrative officers, acting as such) should keep a file of candidates, noting their backgrounds and possible affiliations, with special reference to their attitude on public health policies. Every voter has a right to find out from a candidate what are the general views of the aspirant who seeks office as a state assemblyman or state senator; and candidates in their initial campaigns are nearly always willing to align new support through exchange of views. It is just here, in efforts to learn the reactions of candidates to sound public health policies, that every physician who wishes to do his bit in support of the Committee on Public Policy and Legislation can be of real aid. Particularly important can be the rôle taken by attending physicians of candidates, since those members of the medical profession are favorably placed for confidential exchange of views.

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**Informative Data Should Be Sent to the Central Office of the Association.**—All such information, if transmitted to the central office of the Association, can become of real value in determining who, among the numerous Assembly and Senate aspirants, give indication of broad and sound outlook on public health policies. Members of component county societies are urged, therefore, to note newspaper and other comments about legislative candidates, and through their local committees and officers to send such data to the Association's committee. The August primary election is not many days off. Much future conflict may be avoided if the candidate from each political party who is successful in the primary election has sound public health views. The end-results to be attained are surely worthy of the comparatively slight effort that can be successfully used, provided that effort be made at the right time, namely, *now!*

## THE FIGHT AGAINST SYPHILIS

**Intensive Nature of the Campaign Against Syphilis.**—Physicians who participated in the initial campaigns designed to create public opinion that would support organized and large-scale efforts to combat tuberculosis, and remember what exertion was then necessary, must have a natural interest in the work launched by the United States Public Health Service and the American Social Hygiene Association in the fight against syphilis.

Only two years ago, when a local society was founded in one of the metropolitan centers of California to take up the struggle against the spread of venereal diseases, the representatives of certain newspapers stated that their chiefs would not give publicity to items for their columns if the word syphilis was used. Today, after a short period of intensive propaganda, the press throughout the United States is giving more or less whole-hearted coöperation. All this bodes well for the future.

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### United States Public Health Service Leaflets.

In this issue, in the Letters Department, on page 96, attention is called to a new leaflet on "Syphilis, Its Cause, Its Spread, Its Cure." Although written for laymen, nevertheless it should be of interest to members of the medical profession. Still another leaflet was referred to in a letter received from Assistant Surgeon-General T. A. Vonderlehr, and given on page 474 of CALIFORNIA AND WESTERN MEDICINE for June. Both leaflets—to be had from the Superintendent of Documents, Washington, D. C.—are well worthy of perusal.

## AMERICAN MEDICAL ASSOCIATION SESSION AT SAN FRANCISCO

### San Francisco Session Voted a Success.

The eighty-ninth annual session of the American Medical Association, held at San Francisco during the week of June 13, has come and has been voted a great success, both by physicians from other states and by members of the California Medical Association. Much praise is due both the American Medical Association and San Francisco committees, who had the arrangements in charge.

The meetings of the scientific sections, and other features, such as scientific and commercial exhibits, received most favorable comment.

The transactions of the House of Delegates will appear in the *Journal of the American Medical Association*, and should be scanned by all physicians who would keep in touch with current policies on medical practice, as announced through this official body of the organized medical profession of the United States.

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### Dr. Howard Morrow of San Francisco Becomes Vice-President of the American Medical Association.

California was honored last year by the election of Dr. Junius B. Harris of Sacramento as vice-president, and this year the same honor was tendered Dr. Howard Morrow of San Francisco, who, at the Pasadena session in May last, retired as president of the California Medical Association.

Elsewhere in this current number are reprinted some newspaper paragraphs giving further information concerning the American Medical Association session at San Francisco.\*

### ANNUAL JOINT MEETINGS WITH RELATED PROFESSIONS

#### Individualization in Medical Practice a Fundamental Element in Medical Progress.—

Individualization in medical practice—meaning thereby the relation of the individual patient to his individual physician—is something that has existed since the beginnings of the healing art. With, however, the advent and promulgation, in recent years, of plans put forward by sociologists and others, and asserted by them as capable of providing a better system of medical care than that which has been responsible during the last several decades for much of the amazing advance in medical science leading to a notable prolongation of human life, it has been necessary to emphasize and re-emphasize the value of this individual relationship between physician and patient, and its significance to medical progress.

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#### In Civil and Political Life, Conjoint Effort Is Necessary.—

Valuable as individualization may be in relation to the care of patients, it does not follow, in matters related to civil and political life, that such a system should likewise obtain. The citizen seeks the physician in whom he has confidence, and the physician, in turn, knowing that his success in professional life depends upon his alertness to the advances in medical science, seeks to use all methods that will aid in the conservation of human health and life.

In the political system under which we live, however, our lawmakers and civil administrators respond best when the considered opinion of influential persons is presented to them through organized groups of citizens having closely related professional, vocational, trade, or other affiliations. The prevention of the enactment of undesirable laws and ordinances is often more easily accomplished than their repeal; provided, that the appropriate presentations, at the proper time, are made to the statute makers, be they legislators, supervisors or councilmen, by responsible, authoritative and influential groups.

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#### Close Association of the Professions of Medicine, Dentistry, Pharmacy, Law, Veterinary Medicine and Nursing.—

The professions of medicine, dentistry, pharmacy, veterinary medicine, nursing, and even of the law, in these recent years, are constantly confronted with problems, such as corporate practice, in which the principles involved apply equally to each of the above professions, and are worthy, therefore, of the united opposition of these six professions, one or more of whose members practically have contacts of worth with virtually every family in the State of California.

\* For these news items, see page 100.

**Medical Profession Should Lead in Maintaining Contacts with Related Guilds.**—How may this conjoint effort and action be best secured? In this endeavor, the medical profession, through its state and county units, and their official local subdivisions, should not hesitate to take the lead, if necessary. The objectives can be easily realized if every county medical society, each year, will invite the official organizations of their respective communities, representing dentistry, pharmacy, law, nursing and veterinary medicine, to be guests of the medical profession at joint meetings, with short speeches on pertinent topics by members of the two professions in session, to be preceded or followed by an informal dinner or supper or buffet refreshments.

Such meetings are certain to be found thought-stimulating, and are valuable also for the fraternal fellowships and better understandings that can then and there be so engendered. Program committees are urged to give these suggestions their consideration, and especially, in this election year, to bring about, if possible, such conjoint meetings prior to the final elections in November. In the past, such gatherings have been found most useful; and today, they are as important, and more than ever needed.

**Other State Association and Component County Society News.**—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 69.

## EDITORIAL COMMENT†

### HOW SAFE IS THE OPERATION FOR LENGTHENING LEGS?

An operation that will add two to three inches of length to a short leg is highly desirable from several points of view. The strongest appeal from the patient's standpoint is the cosmetic one; but there are other valid reasons to make this particular operation a valuable asset to the orthopedic surgeon's armamentarium.

In the case of a weak leg of poliomyelitis, making the leg lengths equal reduces the load of the heavy, raised shoe. Many of these patients must and are physically able to take their place in the commercial world, but their chances of finding employment while wearing an unsightly raised shoe is definitely decreased.

During the past eight years, at the Orthopedic Hospital in Los Angeles, we have done seventy-five leg-lengthening operations. This shortening has been associated with a variety of conditions, such as poliomyelitis, spastic hemiplegia, hemi-ectromelia,

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.